

## UNESCORTED ENTRY AUTHORIZATION CERTIFICATE

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 8013, 44 U.S.C. 3101 and EO 9397.

**PRINCIPAL PURPOSE(S):** To record personal information on an individual whose duty performance requires entry into Air Force restricted and controlled areas in order to coordinate with the appropriate official and determine when and what type of entry credential to issue.

**SSN** is used for further identification of an individual.

**ROUTINE USE(S):** None.

**DISCLOSURE:** Disclosure is voluntary, however, failure to disclose information and SSN would result in not being allowed entry into these areas.

## I. IDENTIFICATION

NAME (Last, First, Middle Initial)			GRADE	SSN
ORGANIZATION OR FIRM	HEIGHT	WEIGHT	COLOR EYES	COLOR HAIR
CITIZENSHIP (Check One) <input type="checkbox"/> US CITIZEN <input type="checkbox"/> ALIEN IMMIGRANT <input type="checkbox"/> NON-US NATIONAL				

## II. CERTIFICATION OF REQUESTING OFFICIAL

I certify that the individual whose name appears above has been the subject of a favorable investigation which meets the requirements of AFIs 31-101, 31-209 and 31-501, when applicable, for unescorted entry into restricted or controlled areas. I further certify that, in the event the above named individual is a non-US national, no US national is, or can be made available to fill this position during the period indicated above, and that the granting of unescorted entry represents an exceptional requirement essential to the proper execution of this Command's mission. Such unescorted entry will not infringe upon the prohibited duties outlined in AFRPD 31-series directives, and is clearly consistent with the interest of national security.

NAME, GRADE AND TITLE (Typed)	SIGNATURE	DATE
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## III. DUTY

(Describe duties that require unescorted entry into the areas indicated.)

## IV. RESTRICTED/CONTROLLED AREA COORDINATION

AREA NUMBER	ESCORT OFFICIAL	TYPE AREA	CONCUR		DATE	COORDINATING/APPROVING OFFICIAL'S SIGNATURE
			YES	NO		

**IV. RESTRICTED/CONTROLLED AREA COORDINATION (Continued)**

AREA NUMBER	ESCORT OFFICIAL	TYPE AREA	CONCUR		DATE	COORDINATING/APPROVING OFFICIAL'S SIGNATURE
			YES	NO		

**V. RESTRICTED/CONTROLLED AREA BADGE ISSUE**

TRANSACTION	FORM TYPE	CARD NUMBER	BADGE NUMBER
BASIC BADGE			
EXCHANGE BADGE #1			
EXCHANGE BADGE #2			
EXCHANGE BADGE #3			
REISSUE #1			
REISSUE #2			
REISSUE #3			
REISSUE #4			
REISSUE #5			
BADGE ISSUING OFFICIAL (Typed Name and Signature)		APPLICANT VERIFYING RECEIPT OF BADGE (Signature)	DATE
REMARKS			